

General Questions About Your Health Insurance

This information is current as of December 31, 2011. If there is a conflict, the language of the County's collective bargaining agreements, the ordinance, NYSHIP or health insurer contract and rules control.

New Employees

Q: I am a new employee. When will my health insurance coverage begin?

A: The date your health insurance coverage starts depends on your collective bargaining agreement or the County Ordinance ("the Ordinance") that governs employment for non-union employees. Your department's Human Resources Representative can tell you the exact coverage commencement date applicable to you.

Currently, the coverage start dates are:

CSEA, IPBA: the first day of the sixth month following your employment

ShOA: the first day of the second month following your employment

PBA, SOA, DAI, Ordinance: the first day of the month following your employment

College faculty: the first of the third month following your hire date

Q: Will I have to contribute toward my health benefits?

A: **Employees:** Currently, County Ordinance employees hired after January 1, 2002 contribute 5% of the cost of individual coverage and 10% of family coverage. Nassau Community College ordinance employees hired on or after June 1, 2002 contribute 10% of the cost of coverage (both individual and family coverage), No other employees are mandated to contribute toward the cost of health benefits, but employees who choose coverage thru a plan other than the New York State Health Insurance Program ("NYSHIP") have to contribute the difference in cost between their plan and the NYSHIP plan.

Retirees: Under current rules, retirees contribute to the cost of health benefits at the same rate they contributed as employees.

Q: What are my health insurance choices?

A: Most County employees choose to enroll in the health benefits plan offered by NYSHIP. The County also offers coverage from various HMOs. Information on your enrollment choices is available from your department's Human Resources Representative.

Q: What other types of insurance does the County offer?

A: Currently, the County offers employees dental and optical insurance coverage.

Covering your spouse

Q: I am getting married and would like to know if my spouse will be eligible for coverage?

A: Yes. If you are an active employee, contact your department's Human Resources Representative in advance of the wedding to apply for family coverage in order to minimize your waiting period. If you are a retiree, vestee or on COBRA, contact the Comptroller's Office Health Benefits Unit in advance of your wedding to apply for family coverage.

The effective date of the coverage for your spouse is determined by NYSHIP rules (see section on Effective Date of Coverage).

Once you are married you must provide a copy of your marriage certificate and a copy of your spouse's social security card to your department's Human Resources Representative, or the Comptroller's Health Benefits Unit.

If you have been married for more than a year additional documents are required and waiting periods may apply. Speak with your department's HR representative for more information.

Q: What if my spouse also works for the County?

A: The County offers one family insurance plan and one Buyback to couples where both spouses work for the County, the College, or are retirees of the County. This program, called "Smart Savings," is described in the Smart Savings section of these FAQ's.

Covering your children

Q: How long will my dependent children be eligible for health benefits coverage?

A: Your dependent children will be eligible until the end of the month in which they turn 26 years old. A dependent child's military service may extend coverage beyond age 26 if upon returning from serving, the child enrolls as full time student. Contact your department personnel officer or if you are a retiree the Health Benefits Unit at ComptrollerHealthBenefits@nassaucountyny.gov or (516) 571-2369 if this applies to you.

Eligible dependents include your natural children, stepchildren, children of domestic partners and legally adopted children, including children in a waiting period prior to finalization of adoption. Other children who are chiefly dependent on you and for whom you have assumed legal responsibility in place of the parent may also be eligible; you must verify eligibility and provide documentation upon enrollment and every two years thereafter.

Q: What coverage is available for dependent children after age 26?

A: Extended coverage to Young Adults up to age 30 is required by State legislation. The Young Adult Option allows your unmarried, adult children, up to age 30 to purchase their own coverage. To be eligible, the parent must be a current enrollee (includes retirees and COBRA),

and the young adult must work or reside in New York State or the insurer's service area and not be eligible for coverage through their own employer-sponsored insurance plan. Eligible adult children will be able to enroll in the Young Adult Option during the open enrollment period. They may also enroll if/when eligibility is lost due to age or when they are newly eligible because of a change in circumstance, such as a loss of coverage through another plan. Under the Young Adult Option, you or your young adult child will pay a separate premium for coverage. The premium is the full cost for individual coverage. For example, during 2012, individual coverage under NYSHIP costs \$712.75 per month. There is no employer contribution. For more information, please contact your department's Human Resources Representative.

Q: I have a disabled child. Are there any special provisions that would extend my child's coverage as a dependent after turning age 26?

A: Unmarried children age 26 or over who are incapable of supporting themselves because of a mental or physical disability acquired before termination of their eligibility for health insurance may be eligible for continued dependent coverage. You must complete and file a NYSHIP Disability Form, which can be obtained from the Comptroller's Health Benefits Unit at ComptrollerHealthBenefits@nassaucountyny.gov or (516) 571-2369.

If your child was not enrolled in NYSHIP because the child had other health insurance, but has lost the other coverage involuntarily, you may apply for disabled dependent child coverage. You must submit a NYSHIP Disability Form, along with proof that (a) the disability occurred prior to NYSHIP's standard age disqualification date in accordance with the eligibility rules in effect at the time the disability commenced and (b) that the loss of the other coverage was involuntary. Contact the Comptroller's Health Benefits Unit prior to your child's 26th birthday.

Covering your domestic partner

Q: What are the requirements for obtaining coverage for my domestic partner?

A: You must be an **active** employee or College faculty retiree in order to apply for domestic partnership coverage. You and your partner must also satisfy the requirements of a domestic partnership established by NYSHIP. NYSHIP defines a domestic partnership as a lifetime relationship in which you and your partner are 18 years of age or older, live together, are financially interdependent, unmarried and not related in a way that would bar marriage.

Q: How do I document that I have a domestic partner?

A: The current proof requirements are outlined in the domestic partner enrollment application packet available through your department's Human Resources Representative. The forms can also be downloaded from the NYSHIP Web site. Once completed, the forms along with the required documentation should be given to your department's Human Resources Representative for processing.

Q: What are the income tax implications associated with domestic partnership coverage?

A: According to the Internal Revenue Code, if a domestic partner is not a “dependent” (as defined in Section 152 of the Internal Revenue Code), the “fair market value” of the partner’s coverage, less any contribution by the enrollee, is treated as income for federal tax purposes. Your department’s Human Resources Representative should be able to provide you with an approximation of the fair market value for The Empire Plan. This value, referred to as “imputed income,” will be added to your annual salary for income tax purposes and will apply even if you cover other dependents in addition to your partner.

NYSHIP benefits for same sex spouses will no longer result in taxable imputed income for NYS tax purposes as a result of the State’s Marriage Equality Act signed into law on June 24, 2011 and effective on July 24, 2011. However, for Federal purposes the imputed income remains taxable. Please consult with your tax professional regarding treatment of the imputed income.

If your partner does qualify as a dependent under the Internal Revenue Code, there will be no imputed income. You must, however, submit a completed “Dependent Tax Affidavit” with your other enrollment documents.

Q: If my domestic partner’s application is rejected, can I reapply?

A: Yes, you can reapply.

Q: Does domestic partner coverage extend to HMOs and dental/optical carriers?

A: Yes, the same NYSHIP eligibility and documentation requirements apply if you are seeking domestic partner coverage in an HMO and in dental/optical plans.

Q: If I predecease my domestic partner, is my domestic partner eligible for survivor coverage?

A: Yes, your unmarried domestic partner, who has not acquired another domestic partner, can continue coverage as a survivor to the extent survivor coverage is offered under your collective bargaining agreement or under the Ordinance.

Q: If the domestic partnership is terminated, how will this affect my partner’s health insurance?

A: If the partnership ends, you must notify your department’s Human Resources Representative and end coverage for the domestic partner. You must complete a “Termination of Domestic Partnership of Participating Agency Enrollee in NYSHIP” form for proper notification. Your domestic partner may be eligible to continue coverage under COBRA. Upon notification of termination of the partnership, a COBRA application will be provided to you and mailed to your former domestic partner at his or her last known address. The domestic partner must apply for COBRA coverage within 60 days of termination of their domestic partner coverage.

Q: If after ending coverage for my previous domestic partner, I enter into a new domestic partnership, can my new partner be covered under my health insurance?

A: As of January 1, 2005, NYSHIP has imposed a one-year waiting period from the termination date of your previous domestic partner's coverage before you may again enroll a domestic partner.

Effective Date of Coverage –NYSHIP rules not applicable to HMOs

Q: I am getting married, and would like to add my spouse to my insurance. When will my spouse coverage become effective?

A: If an employee currently enrolled with Individual coverage applies for Family coverage prior to the date of first eligibility for Family coverage, coverage becomes effective on the “date of event”

Example: An employee will be married on June 10 and applies for a change from Individual to Family coverage on May 31. Family coverage will become effective June 10 (the “date of event” is the date of marriage).

If the employee applies for family coverage within one month of the date of the marriage, coverage becomes effective on the first day of the month following the marriage in which the coverage was requested.

Example: An employee is married on June 10 and applies for a change from Individual to Family coverage on June 25. Family coverage will become effective on July 1.

Example: An employee is married on June 10 and applies for a change from Individual to Family coverage on July 3. Family coverage would become effective August 1.

If an employee currently enrolled for Individual coverage applies for Family coverage more than one month after the date of first eligibility for Family coverage, the effective date for Family coverage is the first day of the third month following the month in which the employee requests Family coverage.

Example: An employee is married on June 10 and applies for a change from Individual to Family coverage on September 5. Family coverage will become effective December 1.

Once coverage is changed to Family coverage due to the addition of a family member, any other eligible dependent can be added.

Health Insurance Buyback

Q: What is the Health Insurance Buyback program?

A: The Buyback program allows all active employees and retirees who have other health insurance coverage to receive a payment in exchange for declining health insurance from the County. Participants in the Buyback program receive one-twelfth of the annual buyback amount for each month of non-coverage within a calendar year.

The current buyback amounts are:

\$2,000 annual Buyback amount for declining family coverage;

or

\$500 annual Buyback amount for declining individual coverage.

Payments are made twice a year; on or about June 1 and December 1.

Q: How do I join the Buyback program?

A: To buy back your health insurance coverage, obtain the Buyback application form from your department's Human Resources Representative or from the Comptroller's Health Benefits Unit for retirees. You are required to provide a notarized affidavit stating that you have insurance coverage from a source other than the County, and you must attach proof of your other insurance coverage. In addition, please note that you may **only** join the Buyback program during the open enrollment period

Q: If I take the Buyback, may I re-enroll into the County's health insurance the future?

A: Yes, voluntary re-enrollment to health insurance can be done during the open enrollment period by applying through your department's Human Resources Representative or through the Comptroller's Health Benefits Unit for retirees. You must obtain the re-enrollment form (PS-501.3) from your department's Human Resources Representative or the Comptroller's Health Benefits Unit and send it to the Comptroller's Health Benefits Unit.

Enrollees participating in Buyback can also re-enroll at any time during the year if they have a qualifying event, such as loss of coverage.

An employee or retiree who has decided to re-enroll in the County's health insurance program after having participated in the Buyback program may not participate in the Buyback program again for a minimum period of one year.

Q: What if I have to go from the Buyback to health insurance coverage because my spouse and I have divorced or my spouse or partner died and I no longer have another source of health benefits?

A: Please inform your department's Human Resources Representative or the Comptroller's Health Benefits office immediately if you may lose or have lost your other source of health benefits. A death or divorce is considered a "qualifying event" under NYSHIP rules and your coverage can be restored without a waiting period if timely notice is given.

Q: I am currently on Buyback and plan to retire soon. Can I remain on Buyback while in retirement?

A: Yes, effective immediately, NYSHIP amended its policy to allow enrollees who are on Buyback and go into retirement to remain on Buyback without losing their benefit. Enrollment into health insurance will be subject to the usual late enrollment waiting period, except for those who experience a qualifying event. Please note that if you are on Buyback and go into retirement, your retirement is a qualifying event that would enable you to go back onto insurance immediately.

**“Smart Savings”
Coverage when both spouses, or partners, work for the County**

Q: What is the Smart Savings Program?

A: The Smart Savings program ends the practice of providing two family health benefits policies to employees who are married to or partnered with another county employee or retiree. In Smart Savings, one spouse or partner is the primary person for health benefits coverage and the other spouse or partner is a dependent. The dependent spouse or partner receives the County’s health insurance Buyback (currently \$2,000) and the family is reimbursed should they have out of pocket expenses over the buyback amount that would have been covered if they had retained two family health benefits policies.

Q: Who is covered by Smart Savings?

A: Smart Savings covers all County and College employees. County non-union retirees are also covered. All other retirees are covered if they retired on or after:

September 1, 2007 for PBA members

June 1, 2008 for ShOA members

June 1, 2008 for DAI members

February 1, 2009 for CSEA members

February 1, 2009 for NCC non-union employees

September 1, 2009 for NCCFT members

In addition to the above, the Smart Savings program is offered to all retirees who retired prior to the dates listed. For these retirees, the program is entirely voluntary.

Q: May I opt-out of Smart Savings?

A: You cannot opt out unless you are one of the retirees who enrolled in the program voluntarily. Although under current County rules, you and your spouse or partner may choose to have two individual health insurance policies instead of one family policy under Smart Savings.

Q: Will Smart Savings result in a reduction in health benefits?

A: No. Smart Savings maintains the same level of benefits to the employees/retirees and their families.

- Q: I am married to another Nassau County employee and we do not have any children. Can we get two individual health insurance policies instead of one family policy?
- A: Yes. You may take two individual health insurance policies instead of one family policy. However, you will not receive the buy back or the reimbursement...
- Q: Can my spouse and I switch who is the primary person and who is the dependent?
- A: Yes. You may change which spouse or partner is primary and which is the dependent once a year during the open enrollment period. The change will be effective as of January 1 following the open enrollment period.
- Q: What happens if I am the dependent for health benefits and my spouse dies or we get a divorce?
- A: If you are an active employee you and your dependents will be covered under your own policy. If you are a retiree or a vestee, NYSHIP rules provide that as long as you maintained continuous coverage as a dependent, you can be provided health benefits as the primary person upon a change in status, such as a divorce or in the event the primary policyholder dies. Under NYSHIP rules, the previous coverage continues automatically for 90 days after the change of status. You must notify the Comptroller's Health Benefits Unit of the change in status within the 90 day period so that we can switch you to become the primary person under NYSHIP rules. Please note that vestees will be required to pay the vestee premium rates applicable at that time.
- Q: How will I receive my Smart Savings health insurance Buyback reimbursement?
- A: The Buyback amount, currently \$2,000, is paid to employees through a payroll check. Retirees enrolled in the Smart Savings program also receive the Buyback amount. For these retirees, checks will be issued in the beginning of the year for which the coverage is being declined. The Buyback amount is taxable, and will be reported to the IRS in the W-2 for employees and on a MISC-1099 for retirees.
- Q: What happens if the health insurance Smart Saving amount is not enough to cover my out-of-pocket medical expenses?
- A: If a Smart Savings enrollee has to pay more out-of-pocket medical expenses above the buyback amount, the County will reimburse the enrollee for any costs that exceed the buyback amount if those costs would otherwise have been covered by the second family policy. This guarantee does not apply to County ordinance employees hired on or after January 1, 2007.
- Q: How do I get reimbursed if I have out of pocket expenses over the buyback amount?
- A: If your out-of-pocket medical expenses for a single year exceed the Buyback amount, currently \$2,000, you must send a Reimbursement Form along with copies of your Explanation of Benefits ("EOB") or receipts to the Plan Administrator (Complete Management Solutions). Once it is determined, based on the submitted receipts and EOBs, that the expenses would have been covered by a second family health insurance policy, you will be reimbursed for the amount in excess of the buy back.

The Reimbursement Form can be downloaded from:

http://www.nassaucountyny.gov/agencies/Comptroller/smart_savings.html

or will be sent to you on request from the Comptroller's Health Benefits Unit.

Please mail your completed form(s) to the Plan Administrator listed below:

NASSAU COUNTY SMART SAVINGS PROGRAM
c/o Pamela D'Apuzzo
Complete Management Solutions, LLC.
55 Kennedy Drive, Suite 2
Hauppauge, New York 11788

- Q: Can I put the Buyback amount in the flexible spending account for medical expenses?
- A: No. The IRS requires that deposits into a flexible spending program be made directly from your paycheck, therefore you will receive the Buyback as a separate payment and it cannot be directly deposited into your flexible spending account. You can, however, enroll in the flexible spending account program and have an equivalent amount deducted from your pay check. Enrollment forms can be obtained from Human Resources or your department's Human Resources Representative during the open enrollment period.
- Q: Is there a limit on how much I can put in my flexible spending account?
- A: Yes. All Nassau County employees may contribute up to \$5,000 to their flexible spending account for medical reimbursement. Employees in Smart Savings are eligible to put an extra \$2,000 into a flexible spending account and may contribute up to \$7,000.
- Q: What if I have a hardship situation and need to keep two family health benefits policies?
- A: County employees may apply for a hardship exemption from Smart Savings by sending a letter to the Office of Labor Relations. College employees may apply to the College President.
- Q: If I am currently an active employee in Smart Savings and then retire, can I get my own policy back upon retirement?
- A: No. If you were covered by Smart Savings as an employee, you continue in Smart Savings as a retiree.
- Q: If I leave County employment before the end of the year, can I keep the entire Buyback amount?
- A: No, the Buyback is a payment for a full calendar year. If you leave before the end of the year you will be notified of the pro-rated amount that you must return. If you do not repay the pro-rated amount, it will be deducted from your termination pay.
- Q: If I have a dependent that is not my spouse's dependent, and my spouse has a dependent that is not my dependent, can we keep two family health insurance policies?

A: Yes, however, in most circumstances you will probably not need two family policies. If this situation applies to you, please contact the Comptroller's Office Health Benefits at the number below to discuss your options to ensure that participating in Smart Savings would be beneficial to you and your family.

Q: What happens if my spouse or partner leaves the County and no longer has County health benefits?

A: You will be taken out of the Smart Savings program. If you were the dependent on your spouse or partner's health benefits, you will become the primary person. Please contact the Comptroller's Health Benefits Unit as soon as you can so that we may process the change accurately.

If you have any further questions please contact the Nassau County Comptroller's Office Health Benefits Unit at ComptrollerHealthBenefits@NassauCountyNY.gov or (516) 571-2369.

Coverage for employees who are temporarily off the payroll

Q: Will I continue to be eligible for benefits if I am temporarily not working and do not receive a pay check?

A: Coverage while you are on an unpaid leave is not automatic and depends on the nature of the absence. You should speak with your department's Human Resources Representative in order to determine your eligibility. In most cases, you must pay the health insurance premium to continue coverage during an unpaid absence. If you do not make your premium payment, coverage will terminate on the last day of the month for which you received a paycheck.

Q: What happens if my coverage lapses when I am not working?

A: If your coverage lapses due to non-payment while you are on an unpaid leave and you never return to work, you will have no rights to coverage as a former enrollee, nor will your dependents. You also risk losing health insurance coverage when you retire.

Q: I am on leave without pay and have recently become disabled. Can I have my health insurance contribution waived?

A: Yes, premium waivers are granted for up to one year in certain instances. There are several criteria that must be met in order to qualify for a premium waiver:

You must have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of three months;

You must be on authorized leave without pay; and

You must have kept your coverage in effect by paying the required cost of your health insurance premium while you were on leave without pay.

If eligible, you should obtain a PS-452 Form from the Comptroller's Health Benefits Unit at ComptrollerHealthBenefits@nassaucountyny.gov or (516) 571-2369 in order to apply for a waiver of premium. **This option is only available to NYSHIP enrollees.**

This form should be completed by you, your agency, and your physician and sent to:

**United HealthCare
Eligibility Unit 505
Boices Lane
Kingston, New York 12401**

Continuing Health Benefits after Leaving County Employment

- Q. My employment with the County is ending. May I continue my health benefits?
- A. Yes, however, your benefits depend on your age, the length of service with the County, your union, and when you started employment with the County. You may be eligible for:
- COBRA
 - Health Benefits Retirement for Employees Over Age 55
 - Continuation of Health Benefits as a Vestee
 - Health Benefits after you take your state pension
- Q. If I don't continue my health benefits, when do I lose coverage?
- A: Under current practice, on leaving County employment, health coverage continues until the end of the last day of the month following your separation from service. For example, if your last day with the County is April 10th, your coverage ends May 31st.
- Q. What happens if the County terminates my employment?
- A. The rules that apply to continuation of health benefits are generally the same whether you leave County employment voluntarily or involuntarily.

COBRA

- Q: What is the Consolidated Omnibus Budget Reconciliation Act (COBRA)?
- A. COBRA is a federal law that provides for the continuation of medical coverage in certain circumstances.
- Q. Am I eligible for COBRA?
- A. Everyone who is enrolled in health insurance, and leaves County employment, is entitled to continue health benefits through COBRA.

- Q. Am I able to apply for COBRA coverage if I was fired for cause?
- A. Yes, you may still apply for COBRA coverage if you are already enrolled in insurance through County, even if you were fired for cause.
- Q. What is the deadline to apply for COBRA benefits?
- A. You must apply no later than 60 days after your health benefits termination date, or within 60 days of the date you receive notification from your department Human Resources Representative informing you of your right to choose to continue your existing health benefits coverage.
- Q. How long can I receive COBRA benefits?
- A. Former employees can be covered for a maximum of 36 months.
- Q. What does COBRA cost?
- A. Under traditional COBRA, you pay the full cost of the health benefits plus an administrative fee. In 2012, traditional COBRA costs \$1,594.06 a month for NYSHIP family coverage and \$727.01 a month for NYSHIP individual coverage.
- Q. What happens to my COBRA health benefits after 36 months?
- A. After the 36 months have passed your COBRA coverage will end. You will be sent a conversion policy from the carriers to continue coverage, but the policy will not provide the same level of benefits.

Health Benefits Retirement for Employees Over Age 55

- Q. How do I continue health benefits if I am 55 or older when I leave County employment?
- A. If you are at least age 55 at the time you leave County employment and have completed the required minimum number of years of County service, you may be eligible to receive health benefits as if you had retired. This “retirement for health benefit purposes” can be done even though you have not retired in the State pension system and you plan to continue working outside Nassau County.
- Q. How do I retire for health benefits purposes?
- A. Contact your department Human Resources Representative for the necessary forms, which will be submitted to Comptroller’s Health Benefits Unit.
- Q. How much do I pay for health benefits when I retire for health benefits purposes?
- A. Under current practice, the County will continue to pay for your health benefits at the contribution level in effect on the date you separated from service. For union members hired since 1976 and for ordinance employees hired before January 1, 2002, the County will continue

to assume 100% of the cost of your NYSHIP health benefits. For ordinance employees hired on or after January 1, 2002, the County will continue to assume 90% of the cost of family health benefits and 95% of the cost of individual health benefits under the NYSHIP program. In 2012, ordinance retirees who are part of NYSHIP, and contribute towards their health benefits, and are not eligible for Medicare will pay \$156.28 a month for family coverage and \$35.64 a month for individual coverage. **Please note that these rates are subject to change.**

Q. What are the minimum requirements for becoming a health benefits retiree?

A. Depending on your union or employment contract, date of employment and age at retirement you must have completed a minimum number of years of County service, to be eligible to retire with health benefits. See schedule below:

10 Years and Age 55: CSEA (except probation officers) or IPBA hired on or after August 22, 2003

Ordinance hired on or after August 21, 2008

20 Years : PBA
No age requirement SOA
DAI

25 Years ShOA
No age requirement Probation Officers

5 years and Age 55: CSEA hired prior to August 22, 2003
Ordinance hired prior to August 21, 2008

Q. Does prior public service count for calculating the years of County service?

A. It depends on your union and your date of hire.

You need at least **five** years of employment by NY State or a municipal subdivision, at least **one** year of which must be actual County employment if you are:

CSEA hired prior to August 22, 2003

Ordinance hired prior to August 21, 2008

PBA

SOA

DAI

ShOA

You need at least ten years of employment by the State or a municipal subdivision, at least five years of which must be actual County employment if you are:

Ordinance hired on or after August 21, 2008

You need at least ten years of actual County employment and prior public service is **not** considered if you are:

CSEA or IPBA hired on or after August 22, 2003

- Q. Who determines whether I have prior public service?
- A. Prior public service credit is calculated by your department's Human Resources Representative and approved by the Comptroller's Office. Please speak with your department Human Resources Representative to discuss whether you are entitled to prior public service credit and have not yet received it.

Continuation of Health Benefits as a Vestee

- Q. If I am separating from County employment before reaching age 55, what options do I have?
- A. For most employees, if you are under age 55 but have met the minimum years of employment with the County so that you could have become a health benefits retiree if you were 55, you are considered to have "vested" your health benefits. If you are considering becoming a health benefits vestee, please speak with your department Human Resources Representative to discuss your eligibility. If you are not eligible to become a vestee, you may continue your health benefits through COBRA.
- Q. What is the advantage to being a health benefits "vestee"?
- A. Under current County practice, if you separate from service with the County and continue your health benefits as a vestee, you will become a health benefits retiree when you reach age 55. This means that, under current practice, while you must pay the full cost of health benefits as a vestee, once you reach age 55, you will continue your health benefits only paying the level of contribution that you paid as an employee.
- Q. How much will I pay to continue my health benefits as a vestee?
- A. As a vestee, you have to pay the full cost of the health benefits until you reach age 55 and become a health benefits retiree. Under NYSHIP in 2012, vestee paid \$1,562.80 a month for family coverage and \$712.75 a month for individual coverage. Vestees do not have to pay the administrative fee that is included in COBRA. **Please note that these rates are subject to change.**
- Q. Is every County employee entitled to be a "vestee" if they have enough years of service when they leave County employment?

- A. No. Ordinance employees hired on or after August 21, 2008 can only continue health benefits as a vestee if they leave County employment at age 50 or older.
- Q. What will happen if I stop paying the premium?
- A: If you cease making the premium payments, your coverage will be canceled permanently and you will not be able to receive County-provided health benefits coverage when you reach retirement age.
- Q. Can an eligible vestee maintain vestee benefits without paying the required premium?
- A. Yes, if the vestee maintains continuous coverage with NYSHIP as an enrollee or a dependent; and the vestee does not establish eligibility for coverage under NYSHIP as vestee or retiree through a second agency. If the vestee establishes eligibility for coverage under NYSHIP as a vestee or retiree through a second agency Nassau County is released from its obligation to provide the vestee with coverage in retirement.
- This option is only available to NYSHIP enrollees.

Benefits for Survivors of Deceased County Employees and Retirees

- Q: If I die, are my dependents eligible to continue to receive health insurance coverage?
- A: Currently, all enrolled dependents of active, retired and vested employees will continue to receive coverage without charge (up to the NYSHIP rate) for three months beyond the end of the month in which the employee dies. Under certain collective bargaining agreements there is an additional nine months of coverage for enrolled dependents with no additional charge, **as long as the dependent spouse or partner does not re-marry or enter a new partnership**, and as long as the employee worked for the County or was a NYSHIP member (under state or local municipal agencies) for at least 10 years.

If your dependents are not entitled to the additional nine months of free coverage under a collective bargaining agreement, and you worked for the County or were a NYSHIP member for at least 10 years (“qualified service”) at the time of your death, your dependent survivors may continue their coverage after the three month period, but will be required to pay the full monthly premium. If you had not completed 10 years of qualified service prior to your death, your dependents may continue coverage for a maximum of 36 months under COBRA.

Please note that dependents cannot be added to a survivor’s policy unless they were previously covered as a dependent under the Nassau County employee/retiree/vestee’s coverage.

Rules Under Current Bargaining Agreements:

CSEA, ShOA and IPBA: Spouse/Domestic Partners and dependent children up to age 26 of active employees receive a total of one year without charge (up to NYSHIP rate).

Spouse/Domestic Partners and dependents children up to age 26 of retirees and vestees receive a total of three months without charge, after which they must pay the full premium.

ShOA (in line of duty): Spouse/Domestic Partner, as long as they do not re-marry, and dependent children up to age 26 receive coverage without charge (NYSHIP rate)

PBA, DAI, SOA: Spouse/Domestic Partner, as long as they do not re-marry, and dependent children up to age 26 receive coverage without charge (NYSHIP rate)

For more information, active employees should contact their department's Human Resources Representative. Retirees may contact the Comptroller's Office, Health Benefits Unit by e-mail at ComptrollerHealthBenefits@nassaucountyny.gov or by phone at (516) 571-2369.

Q: Who should be notified upon the death of an enrollee?

A: Dependent survivors should forward a copy of the death certificate to the Comptroller's Office, Health Benefits Unit as soon as possible. In order to ensure eligible dependents' ability to elect survivor benefits, the County must receive notice within 90 days of the enrollee's death.

Ensuring the County Receives Your Health Insurance Payments

Q: I am paying for health insurance after leaving the County (for example if you are a retiree who contributes to health coverage, or are continuing coverage while on leave without pay, or are a vestee continuing coverage or are a former employee's survivor). What is the best way to make sure that my payments for health insurance are received and my coverage does not lapse?

A: The best way to make sure we receive your payments is through automatic deductions from your bank account. To authorize automatic deduction, send a check with "VOID" written across it and the completed ACH Form authorizing us to automatically deduct your health insurance charge from your bank account to:

**Nassau County Comptroller's Office
Health Benefits Unit
240 Old Country Road, 2nd Floor
Mineola, New York 11501**

Q: How do I find out what month my premiums are paid up through?

A: Call the County Comptroller's Office, Health Benefits Unit at (516) 571-2369 for the details of your payment history.

- Q: Why has my payment not been posted?
- A: Checks are posted within ten days of receipt by the Comptroller's Office. If there is a high volume of incoming checks, it may take slightly longer to post.
- Q: Why am I receiving mail from the County at my old address?
- A: The Comptroller's Office may not have received the required documentation to change your address in its records. If you are an active employee, please notify your department's Human Resources Representative of your new address and request that s/he notify the Comptroller's Office. All other enrollees should notify the County Comptroller's Office, Health Benefits Unit of the new address in writing to 240 Old Country Road, Mineola, New York 11501. The request should include your signature. If you have questions, e-mail ComptrollerHealthBenefits@nassaucountyny.gov or call (516) 571-2369.

Retirees

- Q: If I retire in the State pension system, do I automatically get retiree health benefits?
- A: Not necessarily. You will receive health benefits as a retiree if you have met the service requirements for retiree health benefits. For example, a CSEA retiree employed by the County on or after August 22, 2003 is eligible to retire after five years in the pension system but must have at least ten years of County employment to be eligible for retiree health benefits. Please check with your department's Human Resources Representative to confirm your eligibility for retiree health benefits.
- Q: As a retiree, is my primary medical carrier Medicare?
- A: If you are over age 65 and no longer working full time, you qualify for Medicare and Medicare is your primary carrier. You may also qualify for Medicare if you are under age 65 and disabled. The County will reimburse you for the regular cost of your Medicare Part B premium through checks issued twice a year. If you are being reimbursed for your Medicare Part B premium from another source, please notify us immediately. Failure to notify us may affect your future Medicare reimbursements. It is unlawful to accept a Medicare reimbursement check where you or your spouse/partner receives a duplication of benefits, such as a reimbursement check from another agency or company.

Please note that enrollment in Medicare is not automatic, so please contact Social Security Administration, approximately three months before you or your spouse turns 65. If you fail to enroll in Medicare when required, it may adversely affect your benefit, as NYSHIP will only reimburse costs not covered by Medicare regardless of whether or not you have enrolled.

- Q: Why haven't I received my Medicare Part B reimbursement check?
- A: Part B reimbursement checks are currently mailed out in June and December. If your address has recently changed, you must send the Comptroller's Office a signed letter with the change of address information.

If it is not an address problem, please contact the Comptroller's Office, Health Benefits Unit by e-mail at ComptrollerHealthBenefits@nassaucountyny.gov or by phone at (516) 571-2369.

Q: I earned enough that I had to pay an extra amount for Part B. How does the County reimburse me?

A: In the year following payment, Social Security will send you an official notification of the additional charge for Part B coverage. This official notification will usually come in the form of a 1099. Send a copy of the document to the Comptroller's Health Benefits Unit for the additional reimbursement.

If you are currently not collecting Social Security Benefits and are being billed directly by the Centers for Medicare and Medicaid Services (CMS), please send a copy of each quarterly bill for the affecting year to the Comptroller's Health Benefits Unit for the additional reimbursement.

Q: Does the Medicare Part D program for drug coverage benefit me if I already have drug coverage under The Empire Plan?

A: As an Empire Plan enrollee or covered dependent eligible for Medicare, you should consider joining a Medicare prescription drug plan ONLY if you are currently contributing to your health insurance premium and are eligible for extra help provided by the Medicare Part D Low Income Subsidy. The prescription drug benefits provided under your Empire Plan coverage will, in most cases, give you better coverage and lower out-of-pocket costs than the coverage offered under a Medicare Prescription Drug Plan.

Q: What is the Medicare Part D Low Income Subsidy Program and what are the eligibility requirements?

A: Under the Low Income Subsidy, individuals with limited incomes and resources are eligible for extra help with drug plan costs under Medicare Part D. If you qualify for this extra help from Medicare, your out-of-pocket cost for prescription drug coverage may be lower through Medicare than under The Empire Plan. For more information on eligibility requirements and/or to apply for the Low Income Subsidy, call Social Security at (800) 772-1213 or visit www.socialsecurity.gov.

Q: If I currently pay for a portion of my health insurance premium and I find that I do qualify for the Low Income Subsidy under Medicare Part D, what will happen to my drug plan under Empire?

A: At present, if you choose to enroll in a Medicare Drug program such as Medicare Part D, your prescription drug coverage under The Empire Plan will become secondary to your Medicare prescription drug coverage and you will continue to be billed your full share of The Empire Plan monthly premium. The Medicare prescription drug plan will be primary, or paid first, for your prescription drugs. Your out-of-pocket costs under your Empire Plan prescription drug coverage may then be higher and you will have to submit a claim form for reimbursement under your Empire Plan coverage. There will be no automatic coordination of benefits, and therefore, a retiree would have to manually submit a claim form to Empire's drug carrier for secondary benefits.

For more information about how Medicare prescription drug coverage relates to your Empire Plan drug coverage call 1-877-7-NYSHIP 1-877-769-7447.

Q: If my prescription drug plan has a gap period, should I use my NassauRx prescription drug discount card during the gap to reduce the cost of medications that would usually be covered by my plan?

A: It depends. If your prescription drug plan has a gap period, such as the Medicare “doughnut hole,” that requires you to pay a certain amount of prescription drug costs out of pocket before coverage resumes, **and** you are sure you will not meet that spending threshold before the calendar year ends, you may want to use the NassauRx card to reduce your out-of-pocket costs. If you are not sure, you should continue purchasing your medication through your prescription plan.

Q: I do not see my question answered here and I need help. How do I proceed?

A: For answers to questions not covered here, please mail a letter to the Nassau County Comptroller’s Office, Health Benefits Unit, 240 Old Country Road, Mineola, New York, 11501 or e-mail ComptrollerHealthBenefits@nassaucountyny.gov or call 516 571 -2369.

Questions About Dental Insurance For County Employees: Healthplex

Q: Does the County offer dental insurance to anyone except employees?

A: No, although dental coverage is available upon separation from the County through COBRA.

Q: What is the Healthplex reimbursement dental care option?

A: Healthplex reimbursement allows you and your eligible dependents to use the services of any dentist you wish.

Q: How do I get reimbursed from Healthplex for these services?

A: You must submit a dental claim form to Healthplex. Dental reimbursement claim forms may be obtained from your department’s Human Resources Representative or can be downloaded by clicking [here](#).

Q: What is the comprehensive dental care option?

A: Comprehensive dental care allows you to select a dentist from a panel of dentists. The dentist provides all necessary care.

Q: Will the dentist charge a fee if I select the comprehensive option?

A: For many dental services, such as x-rays, fillings, or prophylaxis, there is no fee. For other dental services, there may be a pre-determined charge that the enrollee is required to pay.

Q: How can I change my dentist?

- A: If you have chosen comprehensive coverage, you can change your dentist by calling Healthplex directly at 1(800) 468-0600.
- Q: I continued my dental coverage through COBRA. Why does Healthplex say that I am not in the system?
- A: If Healthplex records your payment as late, they will say that you are not in the system. As a practical matter, try to make sure to send your payment to the Comptroller's Office by the 10th day of the month prior to the month for which you would like to receive coverage (i.e. send payment by April 10th for May coverage).
- Q: Is it possible to switch from the comprehensive coverage to the reimbursement dental plan and vice-versa?
- A: Yes, it is possible to change from one plan to another during the Open Enrollment Period. An Option Change Enrollment Form must be obtained from, completed, and returned to your department's Human Resources Representative. The change will be effective as of January 1 of the coming year.

Questions About Vision Care Benefits: Davis Vision

- Q: Does the County offer vision coverage to anyone except employees?
- A: Yes, currently retirees from the CSEA, ShOA, and all police unions can receive vision coverage. Ordinance employees and College employees can purchase vision coverage through COBRA for 36 months.
- Q: How do I receive vision care services?
- A: You can find a participating provider by calling 1(800) 999-5431 or checking on line at davisvision.com. Once you have chosen a provider, make an appointment. Please note that as of January 1, 2011 vouchers are no longer required.
- Q: What are the services I am entitled to receive thru the plan if I use a participating provider?
- A: Every twelve (12) months, you are entitled to a comprehensive eye examination, one (1) complete pair of routine eyeglasses or contact lenses. You also may be entitled to one pair of Visual Display Terminal ("VDT") glasses or one pair of Safety Eyewear. Speak to your department's Human Resources Representative for eligibility requirements.
- Q: What are my dependents entitled to receive with the plan if they use a participating provider?
- A: Every twelve (12) months, your eligible dependents are entitled to a comprehensive eye examination and one (1) pair of eyeglasses or contact lenses.
- Q: Must I use a participating provider?

A: No, you may use any provider, but you will be responsible for paying the non-participating provider for all services, and then submit your claim to Davis Vision for reimbursement. The reimbursement amounts can be found on the Davis Vision web site.